

MARC-MOREAU. The author maintains, we believe with justice, that hernia humoralis consists of an acute inflammation of the vasa deferentia, of the epididymis and tunica vaginalis, and that this inflammation rarely extends to the substance of the testicle. The truth of this view he considers to be demonstrated—
1st. By anatomy, which teaches us that the testicle enveloped by a dense, elastic, and fibrous membrane, could not acquire three, four, five, six, and ten times its normal size, without being disorganized. 2d. By clinical experience, which has shown the existence of fluctuation, especially at the commencement and termination of the disease. 3d. Finally, by post mortem examinations, in which the testicle, which was supposed diseased, has been found healthy; whilst the epididymis and tunica vaginalis have constantly presented pathological alterations, and that in the cavity of the serous membrane a fluid of variable colour, consistence and qualities have always been found.

SEMEIOLOGY.

34. *Foramen Ovale remaining Open in the Adult.*—That this does not necessarily occasion cyanosis sufficient proof can be adduced. M. RIBES exhibited to the Anatomical Society of Paris the heart of a man sixty years of age, in which the auricles freely communicated without there being any change in the colour of the skin. M. REIGNIER has also exhibited to the same society a heart, the two auricles of which communicated by a net-work with large meshes; but what was most curious in this heart, was a foramen of the size of a quill, by which the two ventricles communicated, thus offering a double passage for the mixture of the two kinds of blood; and yet even in this last case there had been no cyanosis until towards the close of life.—*Archives Gén. Feb. 1834.*

35. *Aneurism of the Aorta simulating Laryngeal Phthisis.*—A woman, forty-eight years of age, who had been in ill health for ten months, was treated for laryngeal phthisis. She had, in fact, pain in the larynx, cough, at times paroxysms of suffocation, analogous to those of croup, or of œdema of the glottis. The voice was feeble, interrupted, sometimes shrill. An attack of hæmoptysis supervened on the 30th of March, 1831, and three days afterwards the patient unexpectedly died in a state of syncope; the hæmoptysis which had been suspended having recurred. On post mortem examination, an aneurismal tumour of the size of a large turkey's egg, was found upon the concave and posterior face of the arch of the aorta. This tumour communicated with the œsophagus by an opening of six lines. The left bronchus was flattened and almost obliterated by the tumour; the recurrent nerve of the same side was atrophied in consequence of the compression to which it had been subjected, (whence the alteration in the voice;) the stomach and intestinal tube were filled with blood. All the other organs were healthy.—*Ibid.*

36. *Ossification of almost the whole extent of the Aorta and Pulmonary Artery taken for an Aneurism of the Heart.*—The subject of this case was a woman, seventy-three years of age, who had been in ill health for five or six years, and who had had palpitations, oppression, paroxysms of asthma, &c. She died dropsical. In the intervals of the paroxysms the pulsations of the heart were strong, full, but regular. On post mortem examination there was serous effusion in the abdomen and chest; the pulmonary artery was ossified; the ossifications developed between the internal and middle coats of the arteries were exposed in many points, in consequence of the destruction of the internal membrane; they occupied the whole extent of the aorta from the concavity of its arch to the second lumbar vertebra, and pulmonary artery from its origin to its bifurcation. These arteries, which in the dead body are ordinarily found empty, were filled with black, coagulated blood. The heart was neither

dilated nor thickened; the tricuspid valve presented several small points of osification, as also one of the sigmoid valves of the pulmonary artery.

The patient in this case presented all the symptoms of aneurism of the heart, although this organ was healthy. These symptoms of aneurism were produced; 1st, by the increase in the force and frequency of the contractions of the heart, rendered necessary to compensate for the loss of contractility in the arterial parietes; 2d, by the presence of a greater quantity of blood in the cardiac cavities, as well as in the surrounding organs.—*Ibid.*

37. *Particular Sound of the Heart.*—Professor PUORELT has described under the name of *heulender ton* a peculiar sound of the heart, which he ascribes to hypertrophy with dilatation of that organ, coinciding with an aneurismal condition of the origin of the aorta without enlargement of its orifice. This sound is analogous to that termed by Laennec *bruit de soufflet sibilant ou musical*, but which he observed only in the arteries, and the cause of which he could not explain, not having had any opportunity of making a post mortem examination. Hope designates this same rhonchus, musical bellows murmur, and considers it as a sign of an alteration of the valves, without however adducing in its support any anatomical proofs.—*Gaz. Méd. March 29th, 1834.*

38. *Softening of the Spinal Marrow simulating Aneurism of the Heart.*—A woman, twenty-nine years of age, very subject to nervous affections, resulting from mental anxiety, died after four days residence in the Hôpital St. Louis, a victim to violent dyspnoea, accompanied with cardiac pain and strong, tumultuous, irregular, and extensive throbbing of the heart. On post mortem examination, there was not found any lesion of the organs of the chest. Finding only some traces of congestion in the brain and nothing unusual in the abdomen, the spinal column was next examined. This from the termination of the cervical portion to the spinal marrow was completely softened; the medullary substance was mixed with liquid and turbid blood; the membranes were congested in the same region, and the arachnoid slightly opaque.—*Archives Gén. Feb. 1834.*

39. *Pulmonary Tubercles simulating an Affection of the Heart.*—When miliary tubercles are sufficiently numerous to occupy a great part of the parenchyma of the lungs, without rendering this tissue impermeable to air, the chest preserves its sonorousness; the expansion of the lungs is heard throughout the chest, and what strikes the observer, is the exaggerated action of the heart and the oppression. In general, it may be said, that many phthisical patients appear at first to be affected with disease of the heart. M. HUGUER has seen at the Hôpital St. Louis, a woman treated for two years for hypertrophy of the heart, in whom a post mortem examination showed this viscus perfectly sound, and the tissue of both lungs crowded with granular tubercles, the largest of which did not exceed in size a pea.—*Ibid.*

MATERIA MEDICA.

40. *Lotions for the Cure of Porrigo Favosa.*—M. DAUVERGNE employs the following lotions in the treatment of *Dartre crustacée flavescente*, (*Porrigo favosa*, Bateman.) 1st. R. Iodin. $\frac{3}{4}$ ij.; Iodur. potass, $\frac{3}{4}$ v.; Aq. distill. $\frac{3}{4}$ ij. M. 2d. R. Sulphuret potass, $\frac{3}{4}$ iv.; Aq. distill. Oss. M.

These solutions are mixed in the proportion of a drachm or tea-spoonful of the first, with half an ounce or table-spoonful of the second; the whole in a basin of tepid or cold water, according to the indication.—*Journ. de Pharm. Jan. 1834.*